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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number	09/499526		
		Filing Date	February 10, 2000		
		First Named Inventor	Kuanghui Lu		
		Examiner Name	R. M. Deberry		
TOTAL AMOUNT OF PAYMENT		(\$)	1,020.00	Attorney Docket No.	CIBT-P01-058

**METHOD OF PAYMENT** (check all that apply)

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   Deposit Account Number: 18-1945   Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 20 = _____	x _____	= _____
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 3 = _____	x _____	= _____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x	_____	_____

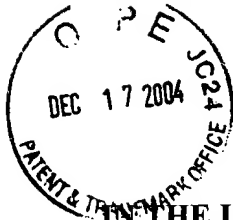
**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: 1253 Extension for response within third month	1,020.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	46,862
Name (Print/Type)	Agnes S. Lee	Telephone	(617) 951-7794
		Date	December 15, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 12/15/04   Signature:  (Ginny Blundell)



(647)  
*[Handwritten signature]*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
Lu et al.

Serial No: 09/499,526

Filed: February 10, 2000

For: Methods and Reagents for Treating  
Glucose Metabolic Disorders

Attorney Docket No. CIBT-P01-058

Art Unit: 1647

Examiner: R. DeBerry

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

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December 15, 2004  
Date of Signature  
and of Mail Deposit

*[Handwritten signature]*  
\_\_\_\_\_  
Ginny Blundell

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY UNDER 37 CFR 1.111**

Sir:

This amendment is being filed in reply to the outstanding Office Action, mailed June 15, 2004, in connection with the above application. Please enter the following amendments:

Amendments to the claims begin on page 2 of this response.

Remarks begin on page 18 of this response.